

KHC Form TC-4 Rev. 2014  Page 1 of 1	<b>COMMONWEALTH OF KENTUCKY</b> <b>Kentucky Heritage Council</b> Kentucky Historic Preservation Tax Credit Certification Application Summary of Investment and Election of Credit	Date Received
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*This form must be completed and submitted as an attachment to the Part 3 – Certification of Completed Work*

**Property Name** (if unknown, leave blank): \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: **KY** Zip: \_\_\_\_\_

**Ownership Information**

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Organization: \_\_\_\_\_ Social Security or Taxpayer Identification Number: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ Telephone Number: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

I have chosen to:

- ☐ Use the credit. If this credit was allocated in the 2011 allocation pool or later, the credit shall be refundable.
- ☐ Transfer or assign the credit for some or no consideration, along with any related benefits, rights, responsibilities and liabilities to any entity subject to the tax imposed by KRS 136.505. I understand that within thirty (30) days of the date of any transfer of credits, the party transferring the credits shall notify the Department of Revenue of:
- (a) The name, address, employer identification number, and bank routing and transfer number, of the party to which the credits are transferred;
  - (b) The amount of credit transferred; and
  - (c) Any additional information the Department of Revenue deems necessary.

***An application for a final determination of credit shall include an IRREVOCABLE election by the taxpayer to use or transfer the credit.***

QRE*	Materials	Labor
Roof		
Exterior Walls		
Windows		
Doors		
Electrical/Lighting		
HVAC		
Plumbing		
Painting/Finishes		
Interior		
Structure/Stabilization		
Developer Fee		
Design Fee		
Contractor overhead & general conditions		
Contractor profit		
Other (define)		
<b>Total QRE*</b>		

**\*Qualified Rehabilitation Expenditure**

I attest that I am the owner of the property, or am a representative authorized to sign on the behalf of the owner. I attest that the information I have provided is, to the best of my knowledge, correct, and that I have documentation to support this report pursuant to an audit.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
Date

\_\_\_\_\_  
Notary or CPA Signature

\_\_\_\_\_  
Date

**Note:** For owner-occupied residences, this form must be notarized. For all other projects, a Certified Public Accountant (CPA) must complete a compilation of qualified rehabilitation expenses and sign this form.